



Janice Hanun- Manager

Name _____
Month _____
Institution _____

[illegible]



CNSS-4

MUSCOGEE (CREEK) NATION
Office of the Administration
Social Services
P.O. Box 580
Okmulgee, Oklahoma 74447

Release of Information To and From Other Agencies

TO BE USED ONLY FOR RELEASE OF INFORMATION FROM OTHER AGENCIES, ETC. TO THE CREEK NATION SOCIAL SERVICES

TO WHOM IT MAY CONCERN:

I hereby give permission for _____
(Name of Agency, etc. to release information)
to release information to Creek Nation Social Services which would be used to my benefit and assist in determining my eligibility for services from the Creek Nation.

DATE _____ Signed _____

DOB: _____

SSN: _____

TO BE USED ONLY FOR RELEASE OF INFORMATION FROM THE CREEK NATION SOCIAL SERVICES TO OTHER AGENCIES, ETC.

TO WHOM IT MAY CONCERN:

I hereby give permission for Creek Nation Social Services to release

_____ to _____
(Identify information) (Name of agency which records are released to)

DATE _____ Signed _____

DOB: _____

SSN: _____



MUSCOGEE (CREEK) NATION
 Office of the Administration
 Division of Community Services
 Branch of Social Services

Date: _____

TO WHOM IT MAY CONCERN:

This is to advise that _____ has applied for financial assistance through this agency. Before we will know whether or not he/she is eligible for such assistance we shall appreciate being supplied with the following information. Your signature certifies that this client has applied for employment at your firm.

 Social Worker

	Company Name	Person Seen	Company Address	Phone Number	Date
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

IMPORTANT - PLEASE READ CAREFULLY

As part of your eligibility for the General Assistance Program you are required to conduct an active job search. In order to fulfill your requirement, you must contact the number of employers indicated below and provide the following information: Name and Address of Employer, Person Seen and Date of Contact. If you do not meet these requirements your case will not be approved.

NUMBER OF CONTACTS REQUIRED: _____

I swear that the information provided by me on this form is true.

Signature: _____



MUSCOGEE (CREEK) NATION

Social Services

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HOUSING INFORMATION

_____ is (or are) interested in the # _____ bedroom house, duplex or the
(Name of family or person)

apartment located at _____, _____, _____, _____
address City State Zip

This house, duplex or apartment is available for rent in the amount of \$ _____ per month.

The requested deposit is: \$ _____. This residence does or does not include bills. If

bills are included, circle the ones it applies to--- water, gas & electric.

Landlord or Manager: _____

Mailing Address : _____

Finding Address. _____

Phone Number: _____

The information obtained above is for consideration only and not a confirmation for payment.
When approved for payment and the residence is still available, the landlord will be contacted on
behalf of the applicant.

*Muscogee (Creek) Nation Social Services - P.O. Box 580 - Okmulgee, OK 74447 - 1(800) 482-
1979 ext.279 - Fax (918)756-0286*



MUSCOGEE (CREEK) NATION

Social Services

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LANDLORD/ APARTMENT MANAGER STATEMENT

I, _____, am the landlord and/or apartment manager of
_____. I verify this person/ family does reside at _____
_____ and does pay rent in the amount of _____ per month.

My/ the mailing address is _____.

My/the contact phone number is _____.

I verify that the above information is true and accurate to the best of my knowledge.

Landlord Signature/ Date

MUSCOGEE (CREEK) NATION
REQUEST FOR TRIBAL AIR CONDITIONER ASSISTANCE
APPLICATION

APPLICANT NAME : _____

BIRTH DATE : _____ SOCIAL SECURITY NUMBER : _____

DEGREE OF CREEK BLOOD: _____ CREEK ROLL NO. : _____

NO. IN HOUSEHOLD: _____ PHONE NUMBER: _____

ADDRESS : _____
(STREET/P.O. BOX) (CITY) (STATE) (ZIP)

FINDING DIRECTIONS: _____

CLIENTS RIGHTS AND RESPONSIBILITIES

I understand that I have the right to a fair hearing on any actions of the Creek Nation I consider improper and also any delay in decision of this application. I hereby authorize the Creek Nation representatives to make any investigation to verify the information herein provided. I certify I have read this application, or had the application read to me, and a fully understand all information herein provided is true and correct.

SPECIAL TERMS AND CONDITIONS

1. AIR CONDITIONING UNITS BECOME THE PROPERTY OF THE APPLICANT UPON APPROVAL OF THIS APPLICATION. ALL OPERATIONAL AND MAINTENANCE EXPENSES ARE THE RESPONSIBILITY OF THE APPLICANT/OWNER.
2. APPLICANT ALLOWS CREEK NATION REPRESENTATIVE TO MAKE UNANNOUNCED VISIT TO DETERMINE ELIGIBILITY.

APPLICANT SIGNATURE : _____ DATE : _____

INTERVIEWED BY : _____ DATE : _____

OFFICE USE ONLY

UNIT DATA: _____ SERIAL NUMBER : _____

BRAND NAME: _____ OTHER: _____

MODEL NO. : _____

MANAGER APPROVAL : _____ DATE : _____

DIRECTOR APPROVAL : _____ DATE : _____

Authorization Form

I _____ authorize _____
Applicant Designatee

to make application for assistance on my behalf.

Signature

Date